

Healthy North Carolina 2020: Review and Update

2019 North Carolina State Health Directors Conference

Pam Silberman, JD, DrPH*

Professor, Department of Health Policy and Management

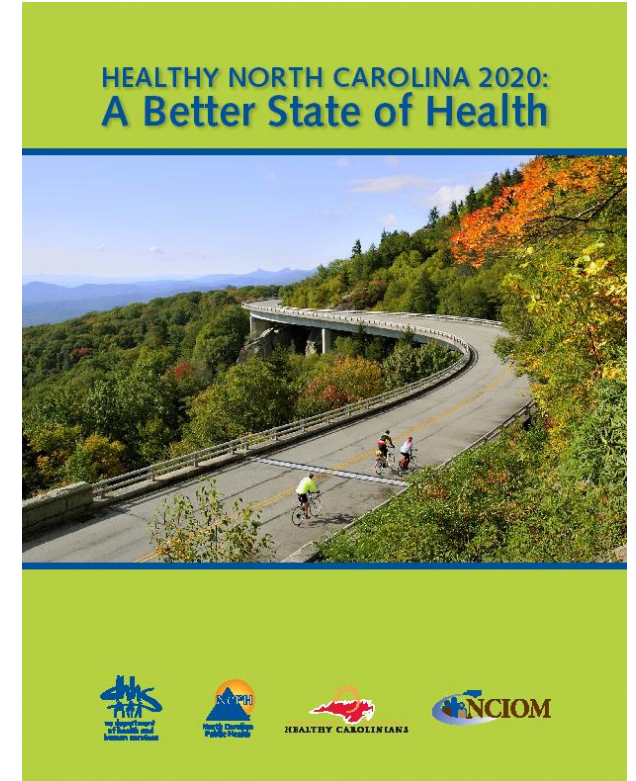
UNC Gillings School of Global Public Health

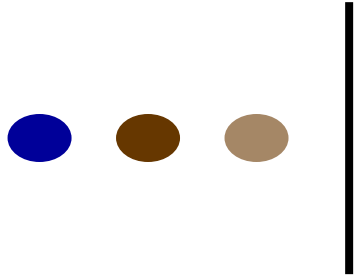
*Past President/CEO, North Carolina Institute of Medicine



Healthy NC 2020: Historical Perspective

- Healthy North Carolina 2020: A Better State of Health
 - Grew out of the NCIOM's work to develop a Prevention Action Plan for the state (2009)
- Partners and Supporters:
 - **Partners:** Governor's Task Force for Healthy Carolinians; Division of Public Health, Office of Healthy Carolinians and Health Education, State Center for Health Statistics; NC DHHS
 - **Supporters:** Kate B. Reynolds Charitable Trust, North Carolina Health and Wellness Trust Fund, The Duke Endowment





Healthy NC 2020 Development Process: Three Main Steps

- **Three main steps in developing the HNC 2020 objectives and targets:**

Step 1: Identify appropriate focus areas (e.g., tobacco use, injury, substance abuse) in which to develop objectives.

Step 2: Identify a limited number of objectives (e.g., reduce the percentage of adults who smoke).

- Generally not more than 3 objectives per focus area

Step 3: Identify an appropriate target for each objective (e.g., reduce the percentage of adults who smoke by XX% by the year 2020).

- Targets must be aspirational, achievable, and measurable in 10 years



Healthy NC 2020 Development Process: Focus Areas

1. Tobacco use
2. Nutrition and physical activity
3. Sexually transmitted disease and unintended pregnancy
4. Substance abuse
5. Environmental risks
6. Injury (*and violence*)
7. Infectious disease and foodborne illness
8. Mental health
9. Social determinants of health
10. Oral health
11. Maternal and infant health
12. Chronic disease
13. Cross-cutting measures



Healthy NC 2020 Development Process

- Development of the 2020 objectives and targets was an inclusive process and has included input from various stakeholder groups and **more than 150** people.
- All potential objectives were reviewed by HNC 2020 Steering Committee and 40 were selected. These were reviewed and approved by the Governor's Task Force for Healthy Carolinians.
- Result: 40 objectives with 40 discrete targets in 13 focus areas
 - Note: Daily consumption of fruits and vegetables later split into 2 objectives due to data limitations for a total of 41 objectives



Healthy NC 2020: 10-Year Outcomes

- Of the 41 objectives, North Carolina:
 - Met the targets: 5 (12%)
 - Made progress: 12 (29%)
 - Stayed the same/no progress: 18 (44%)
 - Got worse: 6 (15%)

Healthy NC 2020: Targets Met

	NC Baseline	HNC Target	Current NC	Current US
STD: Reduce rate of new HIV infection diagnosis (100,000 pop)	24.7 (2008)	22.2	12.8 (2017)	11.8 (2017)
Substance Use: Reduce percentage traffic crashes that are alcohol related	5.7% (2008)	4.7%	4.1% (2017)	NA
Oral Health: Increase percentage children (1-5) enrolled in Medicaid who received any dental services prior 12 mos.	46.9% (2008)	56.4%	60.4% (2016)	46.5% (2016)
Env. Health: Increase percentage air monitor sites meeting current ozone standard	62.5% (2007-09)	100%	100% (2014-16)	NA
Env. Health: Increase percentage of population being served by community water systems with no maximum containment level violations	92.2% (2009)	95.0%	96.3% (2016)	91%

Healthy NC 2020: Targets Improving

	NC Baseline	HNC Target	Current NC	Current US
Tobacco: Decrease percentage adults who are current smokers	21.8% (2008)	13.0%	17.2% (2017)	17.1% (2017)
PA/Nutrition: Increase percentage adults who consume vegetables one+ times/day	78.1% (2011)	84.7%	84.4% (2017)	82.0% (2017)
MCH: Reduce infant mortality rate (1,000 live births)	8.2 (2008)	6.3	7.1 (2017)	5.8 (2017)
MCH: Reduce percentage women who smoke during pregnancy	10.9% (2011)	6.8%	8.7% (2017)	6.9% (2017)
Substance Use: Reduce percentage high school students who had alcohol one ore more days past 30 days	35.0% (2009)	26.4%	26.5% (2017)	29.8% (2017)
Infec. Disease: Reduce pneumonia and influenza mortality rate (per 100,000 population)	19.5 (2008)	13.5	18.0 (2017)	14.3 (2017)

Healthy NC 2020: Targets Improving

	NC Baseline	HNC Target	Current NC	Current US
SDOH: Decrease percentage of individuals in poverty	16.9% (2009)	12.5%	14.7% (2017)	13.4% (2017)
SDOH: Increase four-year high school graduation rate	71.8% (2008-09)	94.6%	86.3% (2017-18)	84.0% (2015-16)
Chronic Disease: Reduce cardiovascular disease mortality (100,000 pop)	256.6 (2008)	161.5	220.2 (2017)	218.1 (2017)
Chronic Disease: Reduce colorectal cancer mortality (100,000 pop)	15.7 (2008)	10.1	12.8 (2017)	13.5 (2017)
Cross Cutting: Increase average life expectancy (yrs)	77.5 (2008)	79.5	78.0 (2017)	78.6 (2016)
Cross Cutting: Reduce percentage of non-elderly uninsured individuals (<65 years old)	20.4% (2009)	8.0%	12.2% (2016)	10.1% (2016)

Healthy NC 2020: Targets Getting Worse

	NC Baseline	HNC Target	Current NC	Current US
Inj/Violence: Reduce unintentional poisoning mortality rate (100,000 pop.)	11.0 (2008)	9.9	23.5 (2017)	20.1 (2017)
Inj/Violence: Reduce unintentional falls mortality rate (100,000 pop.)	8.1 (2008)	5.3	11.2 (2017)	9.4 (2017)
MCH: Reduce infant mortality racial disparity between whites and African Americans	2.45 (2008)	1.92	2.5 (2017)	2.56 (2017)
STD: Reduce percentage of positive results of individuals (15-24) tested for chlamydia	9.7% (2009)	8.7%	11.5% (2017)	NA
Mental Health: Reduce suicide rate (100,000 pop.)	12.4 (2008)	8.3	14.5 (2017)	14.0 (2017)
Mental Health: Reduce rate of mental health-related visits to ED (10,000 pop.)	92.0 (2008)	82.8	103.3 (2014)	NA



Healthy NC 2020: Pam's Take Away Messages

- Good news:

- More areas improving than getting worse—so focusing statewide efforts on targeted health problems makes sense
- Policy changes make a difference. Examples:
 - ACA led to significant reduction in the uninsured; Medicaid expansion would expand our successes
 - Changes in tobacco policies over the years led to fewer adult smokers and reductions in NC's heart attack rates
- Decline in death rates for some chronic conditions (cardiovascular, colorectal cancer) and overall increase in life expectancy



Healthy NC 2020: Pam's Take Away Messages

- Bad news:

- Some of our “good news” masks increasing disparities
 - Infant mortality rate has declined, but disparities between whites and African Americans is actually increasing
 - New HIV diagnosis has declined, but the rate is nine times higher in African Americans than white, non-Hispanic
- Some areas where we met the target, but then got worse:
 - Homicides (met 2012-17, got worse 2018-19)
 - Workplace fatal injuries (met 2012, 2016-17, got worse 2018-19)
- Some new problems emerged or exacerbated since 2010
 - Rising opioid abuse and unintentional deaths
 - Increasing use of noncombustible tobacco products for youth
- Little traction on other problems: obesity, physical activity, mental health



NC Department of Health and Human Services

Healthy North Carolina 2030: Vision going forward

Elizabeth Cuervo Tilson, MD, MPH
State Health Director
Chief Medical Officer

North Carolina Public Health Leaders' Conference
January 2019

HNC 2030:

Core Public Health - Department Wide Priority



NC DHHS Strategic Plan 2019-2021

MILESTONES 1.3.2 1) Convening of HNC 2030 Task Force 2) Publishing HNC 2030 objectives and road map	STRATEGY	Develop statewide health improvement plan, Healthy NC 2030.
	DESCRIPTION	Consistent with the national 10-year health improvement plan, Healthy People 2030, DHHS is embarking on a planning process with the NC Institute of Medicine (NCIOM) to develop a vision for improving the health of North Carolinians. NCIOM will convene a task force consisting of representation from multiple sectors that impact health to develop attainable and practical health improvement objectives for 2030. <i>(Cross-departmental objective)</i>

Leadership Partners

NC Department of Health and Human Services:

- Division of Public Health



NC Institute of Medicine

Kate B. Reynolds Charitable Trust

Blue Cross Blue Shield Foundation

The Duke Endowment



AIM

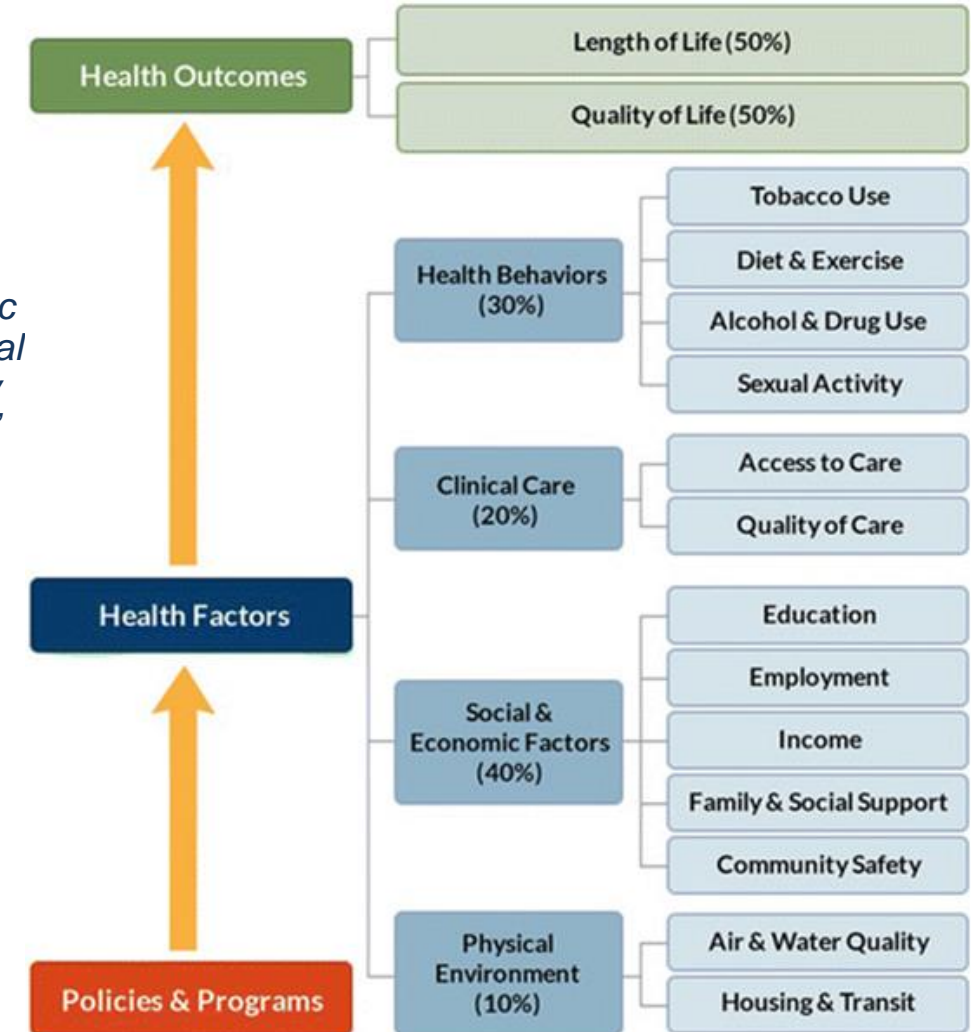
To develop a common set of goals and objectives to mobilize and direct state and local efforts to improve the health and well-being of North Carolinians

Shift to a Population Health Framework

HNC 2020 Focus Areas (40 Objectives)

1. Tobacco Use
2. Nutrition and Physical Activity
3. Sexually Transmitted Diseases
Unintended Pregnancy
4. Substance Abuse
5. Environmental Risks
6. Injury and Violence Prevention
7. Infectious Disease and
Foodborne Illness
8. Mental Health
9. Oral Health
10. Maternal and Infant Health
11. Chronic Disease
12. Social Determinants of Health
13. Cross-cutting Measures

"We will use HNC 2030 to re-orient public health! We shift from a focus on individual health topics to a focus on health equity and overall drivers of health outcomes."



County Health Rankings model © 2014 UWPHI

Overarching Goals align with Healthy People 2030

- Attain **healthy, thriving lives and well-being**, free of preventable disease, disability, injury, and premature death
- **Eliminate health disparities, achieve health equity**, and attain health literacy to improve the health and well-being of all
- Create **social, physical, and economic environments** that promote attaining full potential for health and well-being for all
- Promote healthy development, healthy behaviors and well-being **across all life stages**
- **Engage** leadership, key constituents, and the public **across multiple sectors** to take action and design policies that improve the health and well-being of all

Robust Elements of Improvement Plan Process



**Population Health Model
Health Equity Lens
Health Disparity Focus
Academic Partnership
Cross-Sectoral Leadership
Community Engagement
Data-Driven
Evidence-Based/Informed
Results-Based
Accountability**

Building Blocks



- US Healthy People 2030
- Opioid Action Plan
- Perinatal Health Strategic Plan
- Early Childhood Action Plan
- Medicaid Managed Care Quality Plan
- Healthy Opportunities Framework

North Carolina Opioid Action Plan

Prescription Drug Abuse Advisory Committee (PDAAC)

Public education

Advisory council

First Responders/ Communities

Law Enforcement

- Law Enforcement Assisted Diversion
- Trafficking investigation & response
- LE naloxone administration
- Post-reversal response

Local Response

- Build & sustain local coalitions
- Community naloxone distribution
- Safer syringe initiative
- Community paramedicine
- Drug takeback, disposal, storage
- Youth primary prevention

Health Care

Health Systems & Providers

- Safe prescribing
- Pain management
- CSRS
- Care linkages
- Diversion prevention & response
- Naloxone co-prescribing
- Pharmacist naloxone dispensing

Payers

- Medicaid & commercial payer policies
- Workers' comp policies

Treatment and Recovery Providers

Treatment Access

- Treatment access
- MAT access: OBOT
- Telemedicine: SUD & MAT
- Transportation
- Special population: Pregnant women
- Special population: Justice-involved persons

Recovery Support

- Community based support
- Housing
- Employment
- Recovery courts

Data, Surveillance, & Research Teams

Data

- Track metrics
- Surveillance

Research/ Evaluation

- Consortium

Perinatal Health Strategic Plan

Improve health care for women and men:

1. Provide interconception care to women with prior adverse pregnancy outcomes
2. Increase access to preconception care
3. Improve the quality of prenatal care
4. Expand healthcare access over the life course

Strengthen families and communities:

5. Strengthen father involvement in families
6. Enhance coordination and integration of family support services
7. Support coordination and cooperation to promote reproductive health within communities
8. Invest in community building and urban renewal

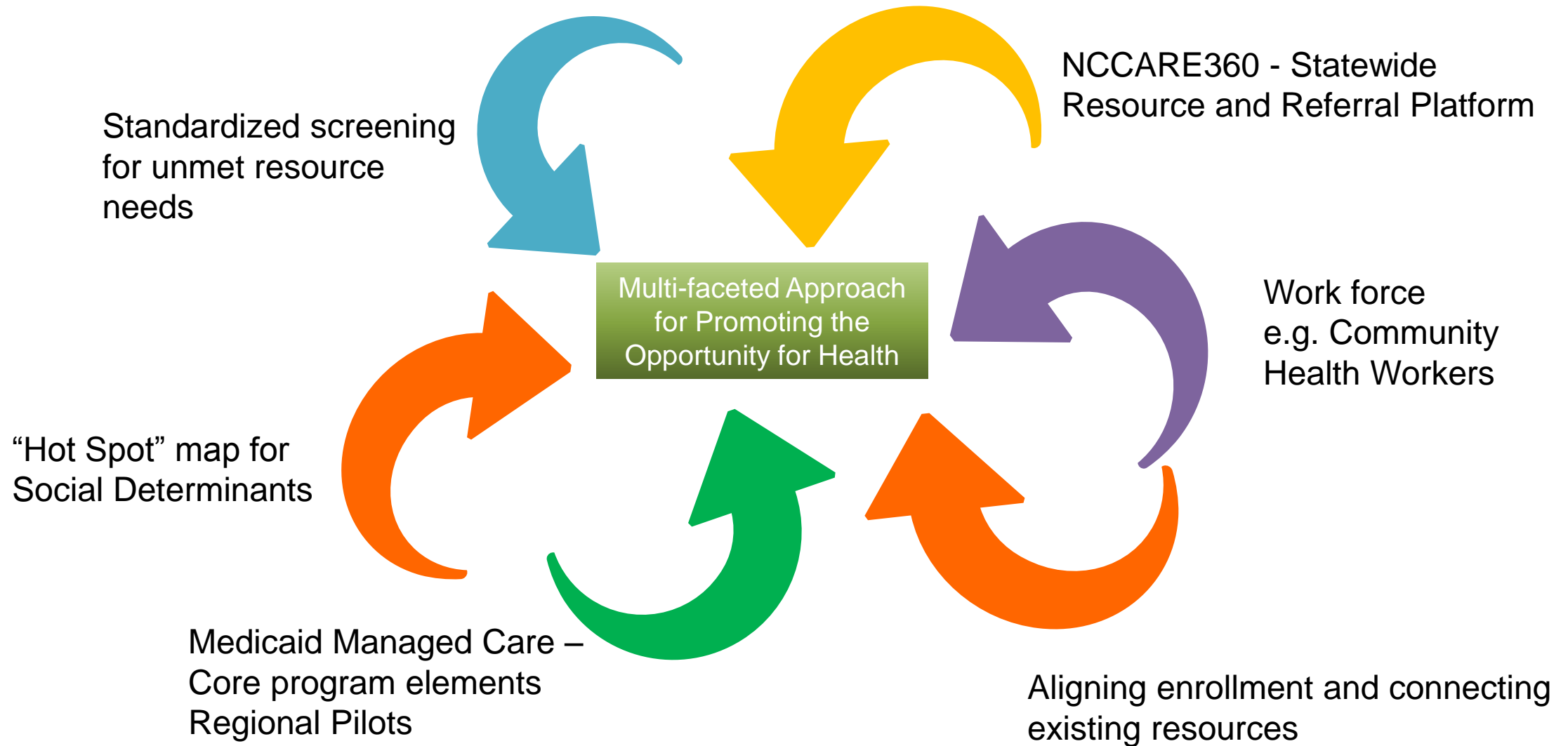
Addressing social and economic inequities:

9. Close the education gap
10. Reduce poverty among families
11. Support working mothers and families
12. Undo racism

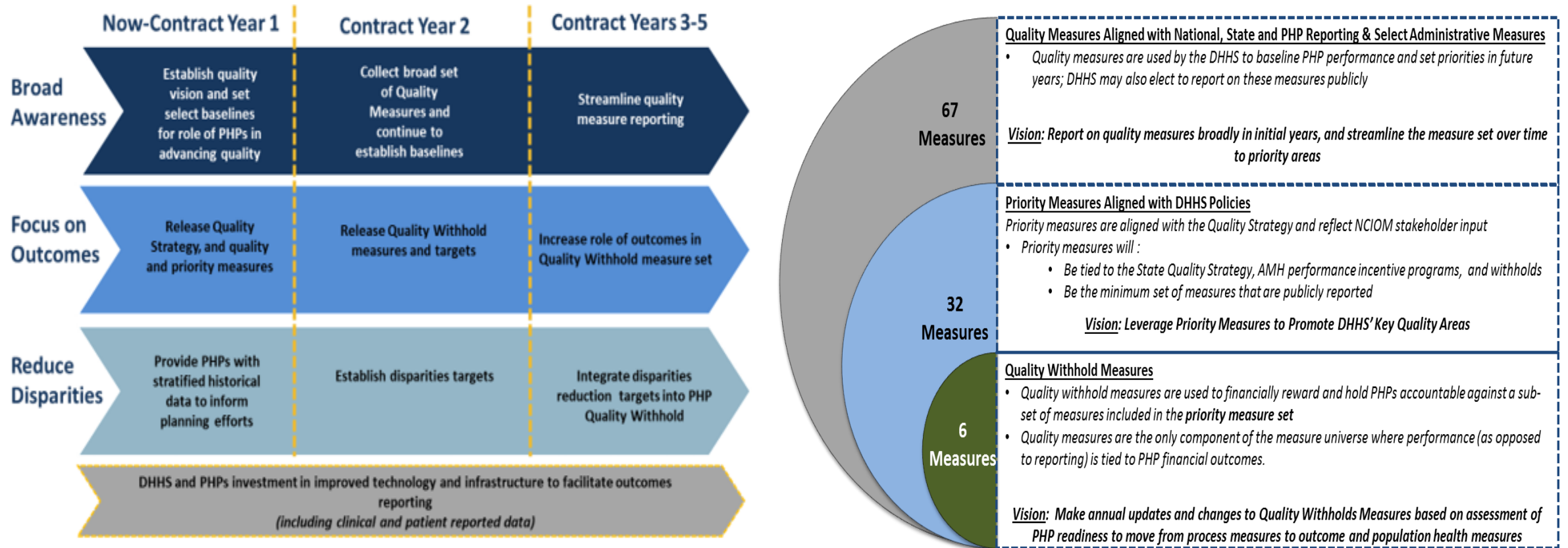


All North Carolinians should have the opportunity for health

Statewide Framework for Healthy Opportunities

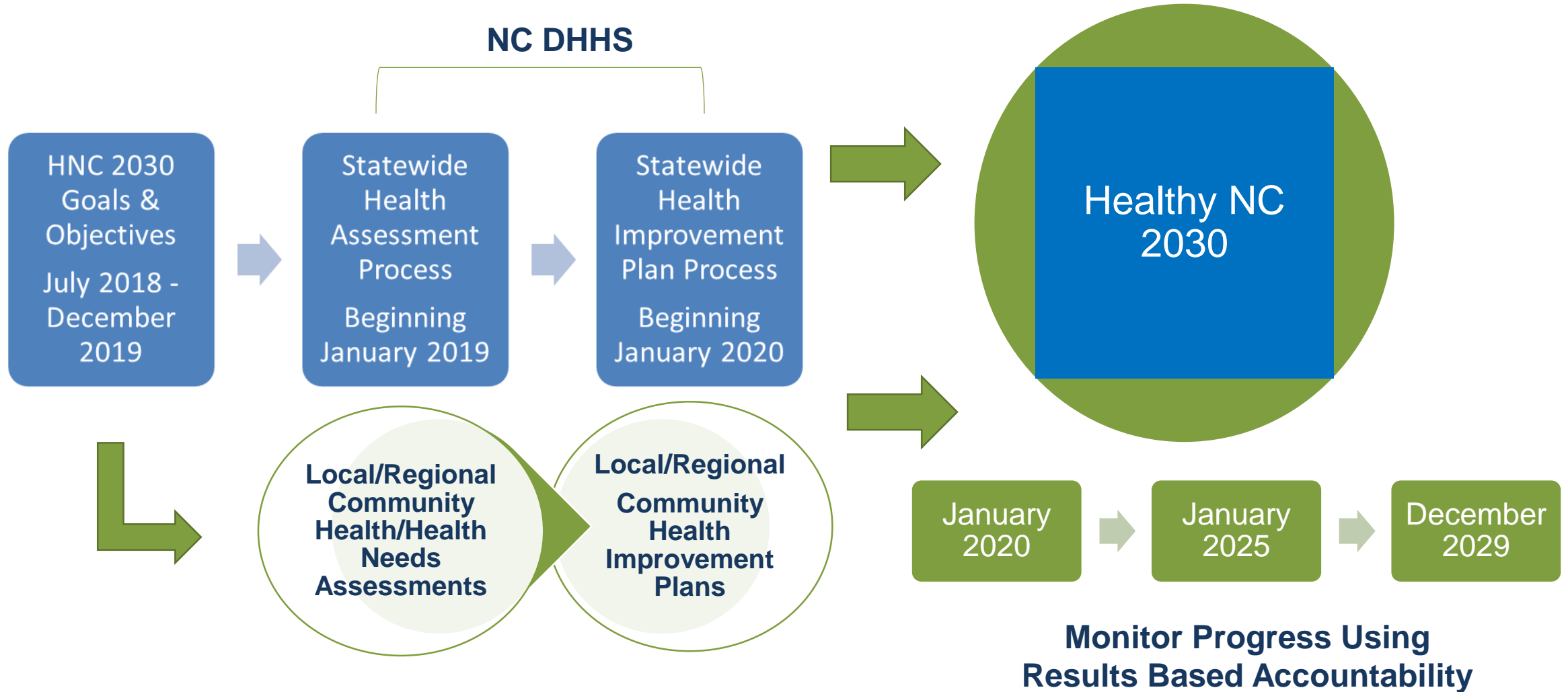


Statewide Quality Plan for Medicaid Managed Care



Inclusive of Public Health Measures

Timeline



Healthy North Carolina 2030

NCIOM Healthy North Carolina 2030 Task Force

Adam Zolotor, MD, DrPH
President and CEO
North Carolina Institute
of Medicine
January 24, 2019



NCIOM Healthy North Carolina 2030 Task Force

- HNC 2030 will serve as North Carolina's population health improvement plan over the next decade
- The North Carolina Division of Public Health (DPH) is the lead agency for implementation of HNC 2030
- The NCIOM has partnered with DPH for the development of the HNC 2030 goals and objectives.

Healthy North Carolina 2030 Supporters



Healthy North Carolina 2030: Objectives

Localities, non-governmental organizations, and the public and private sectors should be able to use objectives to direct efforts in schools, communities, worksites, health care practices, and other environments.

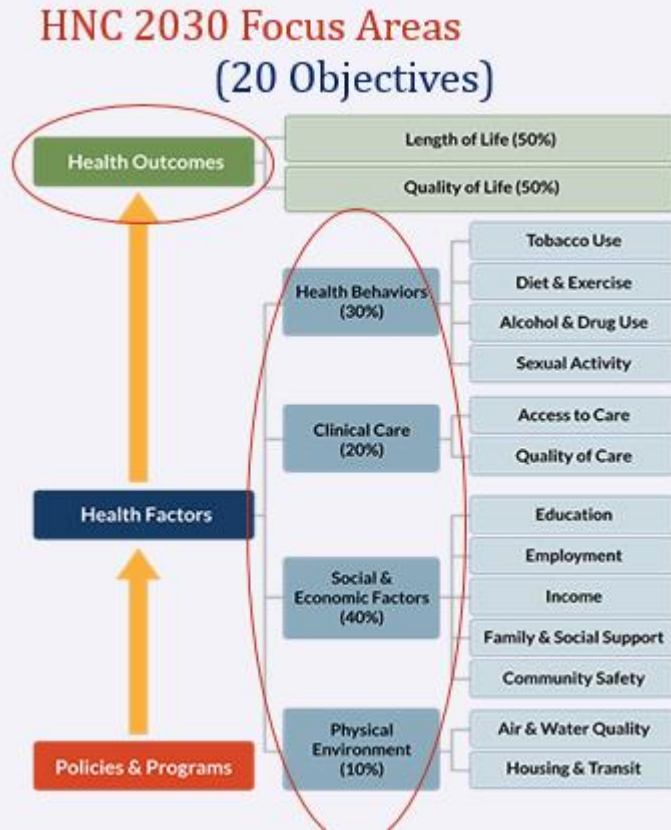
- Objectives should be
 - Measurable
 - Useful and understandable to a broad audience
 - Address a range of issues
 - Prevention oriented
 - Cover social determinants of health
 - Address health inequities

HNC 2030 Process

- Set 20 Objectives with input from Task Force, Work Group, and Community Meetings
- Work Groups will set targets for each objective (using one of three possible target setting methods)



Healthy North Carolina 2030: Organization



- **NCIOM Healthy North Carolina 2030 Task Force**
 - **Co-chairs:**
 - Ronny Bell, PhD: Professor and Chair, Department of Public Health, East Carolina University
 - Laura Gerald, MD, MPA: President, Kate B. Reynolds Charitable Trust
 - Jack Cecil, MIM: President, Biltmore Farms, LLC
 - Betsey Tilson, MD: State Health Director, NC Division of Public Health
 - Includes co-chairs, two additional members from each workgroup, other members
 - Will select the Health Outcomes objectives
- **NCIOM Healthy North Carolina 2030 Workgroups**
 - Each of the four workgroups has two co-chairs and 15-25 additional members
- **Healthy North Carolina 2030 Community Meetings**
 - Meetings held March-April of 2018
 - Pitt, Onslow, Robeson, Mecklenburg, Jackson, McDowell, Guilford, Granville



Healthy North Carolina 2030 Task Force: Structure and Timeline

January 2019: 1st Task Force Meeting

February: Workgroups 1st Meeting

- Will narrow set of potential objectives for each topic (from ~100 down to ~20)

March: 2nd Task Force Meeting

- Select 3 health outcomes objectives for HNC 2030

February-April: Community Meetings

- Will narrow (and rank) set of objectives for each topic (from ~20 to ~10)

May: Workgroups 2nd Meeting

- Use ranking of indicators from community groups to recommend final objectives

June: 3rd Task Force Meeting

- Set targets for 3 health outcome objectives
- Review list of objectives recommended by workgroups

July: Workgroups 3rd Meeting

- Set targets for selected objectives

August: 4th Task Force Meeting

- Review all objectives and HNC 2030 report text

January 2020: Present HNC 2030 at North Carolina Public Health Leaders' Conference



Cherokee Indian Hospital

April 9th
7:30-10:00am
Confirming early time, location secured

Marion Senior Center

April 9th
1:30-4:00pm

GTCC – East Campus

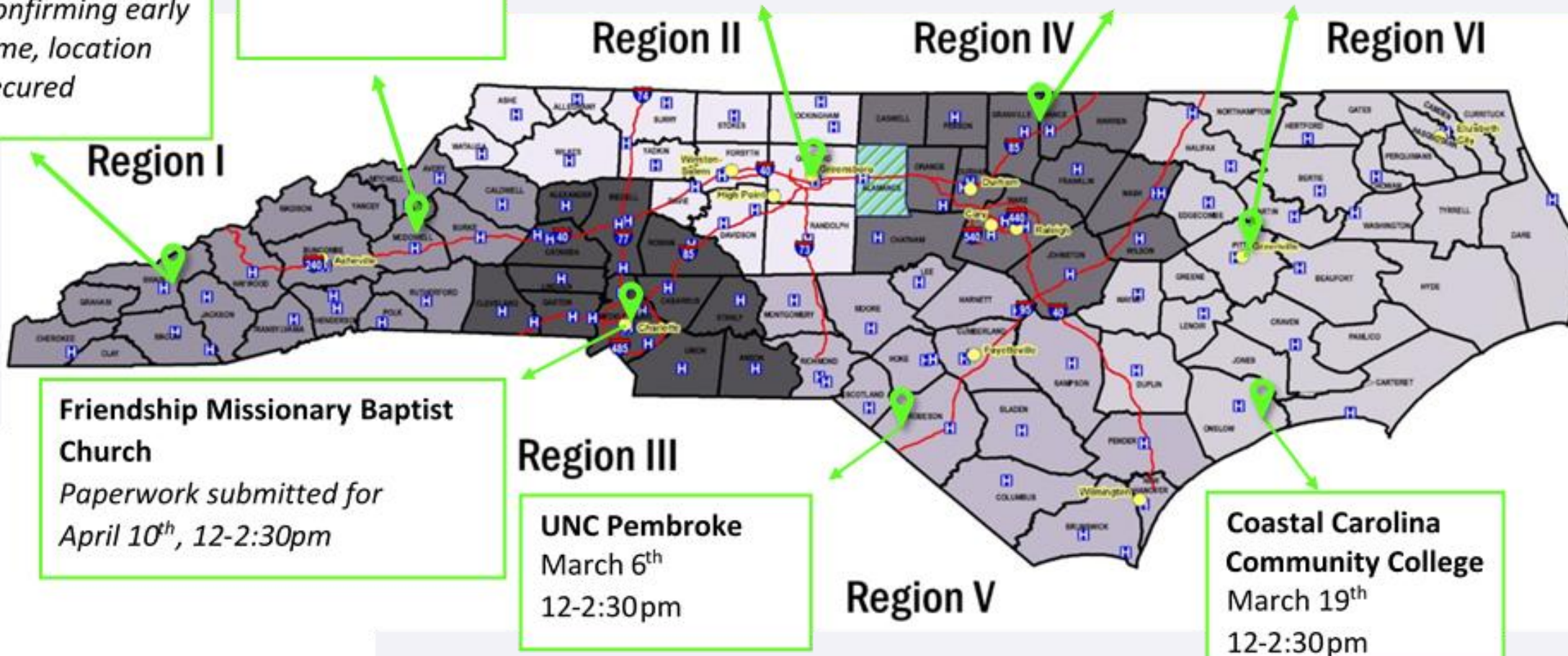
April 3rd
5:00-7:30pm

Leslie Perry Memorial Library

Henderson, NC
March 5th
Confirming evening reservation for 5:00-7:30pm

Eastern AHEC

Healthy Eastern NC (ENC) meeting
February 27th
2:00-4:30pm



Friendship Missionary Baptist Church

Paperwork submitted for April 10th, 12-2:30pm

UNC Pembroke

March 6th
12-2:30pm

Coastal Carolina Community College

March 19th
12-2:30pm

Questions?

- Adam Zolotor, President and CEO
 - adam_zolotor@nciom.org
 - 919-445-6150
- Brieanne Lyda-McDonald
 - blydamcd@nciom.org
 - 919-445-6154